General Hospital Comments

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Anna Jaques Hospital

Anna Jaques Hospital supports all efforts to provide meaningful hospital quality data to the public. To date however, current mechanisms used to collect data have limitations due to variability in coding and limitations to the availability of specific medical record codes for all conditions. The AHRQ indicators represent one mechanism to measure quality. Internal reports and quality analysis at Anna Jaques Hospital reflect different volumes and rates for some physicians and procedures. We encourage the public to review the data and contact their physicians or Anna Jaques Hospital for any further information.

Berkshire Medical Center

Berkshire Medical Center is pleased to continue to support comparative quality data. Our ongoing commitment to quality has earned us recognition in the following areas: Stroke Care, Acute Myocardial Infarction, Congestive Heart Failure, and Maternal Child Health Services.

Brigham and Women's Hospital

Brigham and Women's Hospital is committed to excellence in patient quality, safety and satisfaction. We are supportive of continued efforts to develop and provide meaningful hospital quality information to the public. Visitors to this site, however, are advised to consider the following comments before drawing conclusions on the relative quality and cost of care among hospitals and physicians.

1) While our hospital scores in a positive range across many of the quality indicators used on this site, the measures were originally developed to support internal hospital quality improvement efforts and not intended for comparison across hospitals. The results (i.e. mortality rates) are difficult to compare among hospitals because they have not been adjusted adequately enough for the acuity (sickness) of patients.
2) Cost comparisons among hospitals are difficult to compare. For example, academic medical centers like BWH may treat more complex patients, spend more in teaching and outreach to the community, resulting in higher average costs.

We encourage visitors to this site to evaluate other factors (physician recommendation, past experience, word-of mouth from friends and family), in addition to the growing sources of quality data, when selecting a hospital for care. To learn more about BWH and our service, we encourage you to visit our website at www.bighamandwomens.org.

Brockton Hospital

Brockton Hospital is fully supportive of the efforts of CMS and other organizations to provide meaningful information about hospital quality to the public. The public should keep in mind that these indicators represent a snapshot of where the hospital stood in FY 04 and do not accurately reflect the quality of care one can expect to receive today at Brockton Hospital or any other facility. Above all, patients should remember that these types of tools are still in their infancy and are not comprehensive indicators of quality. Decisions about hospital care should be made primarily on the advice of your physician.

Cape Cod Hospital

At Cape Cod Healthcare we strive to provide medical care that meets or exceeds national accreditation standards. We are very proud of the exemplary healthcare we provide and remain dedicated to identifying opportunities for continued improvement. Cape Cod Healthcare actively supports public reporting of accurate and meaningful information through a number of mechanisms including the Institute of Healthcare Improvement, QIO of Massachusetts, the AHA National Quality Initiative and VHA Taskforce.

Cape Cod Healthcare has two acute care facilities, Falmouth Hospital and Cape Cod Hospital, who conduct assessment of the quality of our care delivery and patient outcomes, utilizing many measures of "quality" - mortality is but one of those measures. While the Quality and Cost report [containing mortality data, an assessment of "cost", and approximated length of stay that is of questionable accuracy] might provide a snapshot, it does not accurately reflect the quality of care in any Massachusetts hospital. As other facilities have indicated, Falmouth Hospital feels it is important that providers are included in, and agree with, the selection of quality measures.

Caritas Christi Health Care

Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family Hospital
Caritas Norwood Hospital
Caritas St. Elizabeth's Medical Center
Saint Anne's Hospital

We continue to have the same concerns voiced in our earlier report with the information provided for publication as it does not accurately reflect the intention of supporting public awareness of hospital quality and safety programs. The newest addition of surgeon specific volume data again identifies area for concern. There has been one documented study that links volume with quality and it is specific to three procedures only. There is also no specific information as to the limitations of the volume numbers, i.e. reasons for volume variability including years performing this procedure or years providing the service, whether or not he/she practiced in another state and had higher volume or experience with the procedure, etc. A standard credentialing process includes review of volume as well as complication data when assessing quality of practice, it is not limited to volume only. The presentation of volume only as a determinant of quality is not accurate. We have included on each individual report the differences in volume by surgeon we have derived from our operating room data files.

We continue to voice our concern with the use of AHRQ data to be the only indicator for quality. As noted on the AHRQ website, the access to AHRQ complication data should be used as a " *screening tool for hospital administrators to launch investigations into reasons for potential problems".* Administrative data continues to have limitations due to variability in coding, ambiguity in identification of condition pre-existence prior to hospital admission as well as limitations to availability of specific ICD-9-CM codes for all conditions. Although we review this data often, we note marked inaccuracies in acknowledging true issues with quality.

Again we resubmit our concern with use of obstetrical utilization considered as a valid area to report quality. There has been much controversy over the last few years specific to Caesarean section rates and VBAC rates. At this point, we cannot say a high VBAC rate or high C-section rate is good or bad if not compared with obstetrical complication rates.

In review of the cost methodology, we again commend EOHHS in its attempt to utilize the DHCFP-403 cost reports to determine patient level costs, we are concerned about the limitations that exist in the use of this data, the methodology used to determine "price", and the most relevant missing information to the consumer, their costs.

Applying average cost-to-charge ratios to patient specific charge data does not account for any case mix acuity differences between patients, which is the true driver of patient costs. One belief is that the increased utilization of ancillary services would lead to higher imputed costs, but it does not accurately capture the differences that exist at the core level of the Room and Board Charge. Given that all patients received the same R&B charge based upon the venue of their care, Medical/Surgery, ICU, CCU, there is no accounting for the real diagnosis-driven staffing and resource level differences that occur in caring for patients. Two patients within the ICU will be charged the same for each day of care, yet one may require 1-1 staffing, while the other does not. Simple averages do not accurately reflect the differences incurred.

By using applying the ratio of total patient revenues to total patient costs in an attempt to determine the "price level", the methodology may overstate the price, as certain revenues such as capitated premiums would be included in the revenues, but for services not provided within the hospital are not in the costs. Federal and State disproportionate hospital payments are also included in total patient revenues, which may not be germane to the "price level". The methodology starts with the assumption that hospitals receive the same ratio of "price" by venue, inpatient and outpatient, and by the diagnosis that the data is reporting. This simply is not the case. There are wide variations in the both the inpatient and outpatient methodologies that payers employ in reimbursing hospitals from DRG-based systems, to per diems, to payment on account factors, to fee schedules. Furthermore, even within a methodology there may be further variation by specific diagnosis or disease entity, e.g. case rates for cardiac or surgical services. Clearly more discussion is warranted on this issue.

Beyond the mortality and morbidity issues, it would seem that the most useful information for the consumer is what their costs for care is. Given that Medicare and Medicaid represent over 50% of the total discharges in the base year data that EOHHS is using, the consumers' costs is highly variable, as for these populations it was either zero or no more than $775 for the calendar year. We would encourage EOHHS to engage in much more discussion between payers and providers on refinement of this important element of comparison.

Again, we thank you for the opportunity to discuss the materials provided before they are publicly available. We hope this information will help you to assess the opportunity we both share to provide comparative quality and cost data to consumers provided the information is accurate, comprehensive and representative of information the consumer can assess with confidence to make an educated decision.

Cooley Dickinson Hospital

Cooley Dickinson Hospital is always striving to improve the quality of patient care. We benchmark performance against national databases and implement "best practices". Our goal is to provide the best possible care to every patient, every day.

Falmouth Hospital

At Cape Cod Healthcare we strive to provide medical care that meets or exceeds national accreditation standards. We are very proud of the exemplary healthcare we provide and remain dedicated to identifying opportunities for continued improvement. Cape Cod Healthcare actively supports public reporting of accurate and meaningful information through a number of mechanisms including the Institute of Healthcare Improvement, QIO of Massachusetts, the AHA National Quality Initiative and VHA Taskforce.

Cape Cod Healthcare has two acute care facilities, Falmouth Hospital and Cape Cod Hospital, who conduct assessment of the quality of our care delivery and patient outcomes, utilizing many measures of "quality" - mortality is but one of those measures. While the Quality and Cost report [containing mortality data, an assessment of "cost", and approximated length of stay that is of questionable accuracy] might provide a snapshot, it does not accurately reflect the quality of care in any Massachusetts hospital. As

other facilities have indicated, Falmouth Hospital feels it is important that providers are included in, and agree with, the selection of quality measures.

Faulkner Hospital

Faulkner Hospital is committed to continuous quality and patient safety improvement. Our expectation is that our on-going efforts to improve quality and safety are reflected in an efficient, cost-effective health care environment.
The Hospital's Board, Senior Leadership, Medical Staff and employees are proud of Faulkner's accomplishments to date and are committed to a continuous quality improvement approach to patient care and safety. It is Faulkner's expectation that we will be a full partner in determining the accuracy of our quality and safety data.
To learn more about Faulkner Hospital, please visit www.faulknerhospital.org.

Hallmark Health System – Lawrence Memorial Hospital and Melrose-Wakefield Hospital

At Hallmark Health, we endeavor to provide excellence in all aspects of patient care. We strongly support the growing initiative to afford patients information on quality, recognizing that measuring quality is not an easy task.

Hallmark Health is fully supportive of the efforts of CMS and other organizations to provide significant information about hospital quality. Within the past year, as part of Hallmark Health's ongoing quality improvement initiatives, we have developed and implemented many innovative programs and processes. For example, Tufts Health Plan has recognized Hallmark Health physicians for their care of the Pneumonia patient.

We welcome the opportunity to have individual conversations with our patients at any time about the high quality of safe care we strive to deliver. Please call the Vice President of Quality at 781-979-3008.

Lahey Clinic

On average, the complexity of the patients treated at Lahey Clinic is among the highest in the state. Lahey Clinic should be compared to other Massachusetts teaching hospitals.

We applaud the state's effort to inform consumers and encourage improvements in quality through the public dissemination of information about quality and cost of care. At the same time, we urge caution in interpreting the information. Almost all of the measures of quality presented on this web site are based on information developed for other purposes – specifically, the data come from forms submitted to insurers for payment. While these information sources do contain some information about diagnoses, procedures, and treatment, they are not designed to contain all of the critical information about the care provided, course of recovery, complications, and outcomes experienced by the patient. This information is usually only found in the detailed medical record of care provided to each patient. Thus, the information on this web site should be interpreted with caution.

Lawrence General Hospital

Lawrence General hospital is committed to excellence in patient care. We strongly support the movement towards providing consumers information on the quality of care. However, the measurement of quality remains a challenge and consumers must keep in mind that these measures have not been perfected. The AHRQ measures which were used for this report rely on a risk adjustment tool applied to the billing data. For example, the methodology does not capture DNR status, nor does it capture the wishes of patients and families with respect to end of life care. This oversight renders the comparisons on mortality invalid.
We look forward to continuing to participate in the move towards transparency in reporting quality patient care, but in the meantime consumers need to understand that the data currently available on this website is imperfect and should be utilized with caution.

Massachusetts General Hospital

The physicians, nurses, and staff at Massachusetts General Hospital are very proud of the care that we provide. While we are pleased that the state has developed a website designed to help patients and their families learn more about the quality of care in Massachusetts, we feel that some of the information displayed on this site requires careful interpretation. Quality has many dimensions and some aspects of quality are difficult to measure accurately. We have provided readers with a few caveats that we hope will be helpful to you.

Most of the mortality rates (death rates) presented in this report are calculated using administrative billing information. The methodology was developed by the government as tool to screen for potential quality problems, not to help patients make choices among hospitals. In fact, the national government abandoned the practice of using Medicare mortality rates to compare hospitals years ago. We feel it is a mistake to present the information in this way now, particularly in light of the history, and because we are working on better, more accurate ways to calculate mortality rates that should be much more useful to patients concerned about quality of care.

A CABG and PCI comment has been moved to the appropriate indicator.

The other measure that bears mention is cost. The cost measures presented here are in many situations unrelated to the rates that the government or other payers actually reimburse institutions for their care. The state government pays hospitals in Massachusetts, on average only 80% of their real costs and their payment rates may be unrelated to the cost categories shown. In addition, the cost comparisons among hospitals in this report do not take into two important factors affecting the cost of care among hospitals. Both of these factors contribute to the cost of care at MGH.

- Costs of Special Missions: Certain hospitals incur additional costs related to their societal missions of training physicians and other health professionals; devoting relatively large percentages of their care to indigent patients, and providing other substantial benefits to their communities.
- Severity and Complexity of Illness: Cost differences among hospitals may also be the result of differences in the average severity and complexity of illness of patients they serve. Sicker patients require more intensive nursing care, diagnostic tests, and other resources.

MGH has a huge teaching mission and receives complicated patients in transfer on a daily basis. The added cost of teaching and taking care of severely ill patients are formally recognized by Medicare and other payers. Readers are advised to consider this before drawing conclusions regarding the relative cost of care among hospitals.

We also are concerned about the state's move from reporting hospital level statistics to physician level statistics. While knowing how many procedures a physician has done makes good sense, arriving at accurate numbers is more complicated that than one might think. We feel that the state has rushed the process and in doing so has compromised the accuracy and usefulness of the information. We refer interested readers to the comments under "surgical volume".

With those caveats, we are pleased that the state has decided to join a number of other states in developing this important resource for its citizens and visitors and we look forward to continuing to work with the state to make this a more valuable tool for you. We feel that patients have a right to accurate and meaningful information about the quality of care they receive. MGH is actively investing in measurement systems that will help us all achieve that goal.

Mount Auburn Hospital

At Mount Auburn Hospital, we are a team of dedicated professionals who pride ourselves on compassion and clinical excellence. We strongly support the principle of providing open and reliable information about quality to patients and families. Since the measures identified here are a single snapshot, we also welcome patients to visit our web page or call our quality department to view the many outstanding quality indicators and initiatives at our hospital.

The cost comparisons in this report do not take into account certain factors affecting the cost of care. For instance, some hospitals including Mount Auburn incur additional costs related to their mission of training physicians and other health care professionals. Other factors affecting costs include the severity and complexity of illness within certain populations.

The Mount Auburn Hospital community has a tradition of having a long history with our patients and caring for them through all phases of their lives. Our relationship with patients and families extends to allowing patients to remain with their known caregivers when the end of life is near, rather than of transferring patients to other facilities when the end is near. We believe that this may inflate our mortality rates.

Nantucket Cottage Hospital

Nantucket Cottage Hospital is a full service, acute care facility with 19 licensed beds, and is accredited by the JCAHO as a Critical Access Hospital (sole, rural provider). Nantucket's geographic isolation, 27 miles from the Cape Cod mainland, offers special problems related to weather and access to Tertiary Care Centers. Transfer agreements with these centers provide care for patients needing cardiac care/surgery, neurosurgery, complicated bowel surgery, and Trauma care, to name a few.

Newton Wellesley Hospital

Newton Wellesley Hospital, as all Partners HealthCare member hospitals, is committed to excellence in patient quality, safety and satisfaction. We are supportive of continued efforts to develop and provide meaningful hospital quality information to the public. Visitors to this site, however, are advised to consider the following comments before drawing conclusions on the relative quality and cost of care among hospitals and physicians.

1. Cost comparisons among hospitals, on this site, are difficult to compare. Certain factors affecting the average cost of care are not adjusted. These factors include the different levels of expenditure to train physicians and other health professionals, outreach to the community, care to indigent patients and the severity/complexity of the patients that are treated.
2. AHRQ measures were originally developed to support internal hospital quality improvement efforts. While our hospital scores well across many of the quality individual indicators, the measures were not intended for use as a comparison across hospitals.

We encourage evaluating other factors (physician recommendation, past experience, word-of-mouth from friends and family) in addition to the growing sources of quality data when selecting a hospital for care. To learn more about NWH (or other Partners hospitals) and our services, please visit www.nwh.org or www.partners.org.

North Shore Medical Center – Salem Hospital and Union Hospital

The Agency of Healthcare Research and Quality (AHRQ) developed these measures in 2003 with the intention that hospitals use this information to facilitate quality improvement initiatives within their facilities; they were not intended to evaluate or compare hospitals. NSMC applauds the efforts of EOHHS to educate the public but cautions that the posted rates are not adjusted adequately for patient age or acuity and results among hospitals may not be truly comparable. The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) has recognized NSMC for our adherence to nearly 250 quality and patient safety standards and outcomes that exceed national averages in most areas measured. The Leapfrog Group rates NSMC as a top performer when compared to other community hospitals, with the presence of specially trained intensivists in the ICU's 24 hours a day, the implementation of computerized systems for medical records and physician orders and adherence to a long list of safe practices and quality standards**.** We encourage patients to evaluate many factors when selecting the hospital for their care; your doctor's recommendation, input from friends and family, and your own prior experiences of care should supplement the many sources of quality data available on the world-wide-web

Saint Anne's Hospital
Please refer to Caritas Christi Health Care.

Sturdy Memorial Hospital
Sturdy Memorial Hospital is pleased to submit quality data to CMS and the JCAHO because the clinical care process measures reported on those websites have been clearly linked to quality of care. Mortality, as presented here, is not a good measure of quality care. It may be one indication of good or poor quality of care, but by itself it is simply not a measure of quality care.

The cost data presented here are derived and are not actual costs.